

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	88	JC5-1028	02/21/01
<b>RESPONSE FORMALITY REVIEW</b>	TZ	JG947	05/09/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	10/23/01
2	✓
3	✓
4	✓
5	✓
6	✓
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8	✓
9	N ✓
10	✓
11	✓
12	✓
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15	✓
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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